## L11000091219

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2011 AUG - 8 AM WE 55
SECRETARY OF STATE
AND ASSET FI ORID

C. LEWIS

AUG - 9 2011

EXAMINER

## **COVER LETTER**

Division of Corporations	•
A DAVISION OF COL POLACIONS	
SUBJECT: Bear Lake Group	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Eugana Edward Hoffm	nan
Eugene Edward Hoffm	Name of Person
5	
Bear Lake group	
	Firm/Company
1405 Paula Dr.	
	Address
Apopka Florida 32703	
	ty/State and Zip Code
happyengines@gmail.com	
	for future annual report notification)
For further information concerning this matter, pleas	e call:
Eugana E Haffman	407 704 704
Eugene E Hoffman  Name of Person	_ at (407 781-7312
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Bear Lake Group, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1405 Paula Dr	1405 Paula Dr
Apopka Fl 32703	Apopka FI 32703
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Eugene E Hoffman

Name

1405 Paula Dr

Florida street address (P.O. Box NOT acceptable)

Apopka FI 32703

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:				. 「ことし	
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2011 AUG - 8 AM & SECRETARY OF ST TALLAHASSEE. FLC	ALE	
	Investor → MG R	Eugene E Hoffman 1405 Paula Dr Apap Kar FL, 327	703		
	(Use attachment if necessary)				
(If an	CLE V: Effective date, if other than the date effective date is listed, the date must be self-but days after the date of filing.)			lor	
	REQUIRED SIGNATURE:  Signature of a member of	r an authorized representative of a m	ember.		
	(In accordance with section 608.40 constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	8(3), Florida Statutes, the execution of te penalties of perjury that the facts stated ion submitted in a document to the Depa	his document d herein are true.		
		l or printed name of signee			
	Filing Fees:  \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation			